

FILED APR 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9360

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5883</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Jasperce</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>Dudenville,</u> c. LENGTH OF STAY (in this place) <u>Lifetime</u> d. FULL NAME OF HOSPITAL OR INSTITUTION - - - - -				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasperce</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Dudenville - Lincoln</u> d. STREET ADDRESS (If rural, give location) <u>0473</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) - - - c. (Last) <u>CHAMBERS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Mar. 22, 1869</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>4</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>James N. Hope</u>		13b. MOTHER'S MAIDEN NAME <u>Rhodia Elizabeth Wood</u>	
14. NAME OF HUSBAND OR WIFE <u>Chas. Chambers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Chambers</u>	
18. ADDRESS <u>Dudenville, Mo.</u>		19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u></u> <u>2. ANTECEDENT CAUSES</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senility</u></u> <u>3. DUE TO (c) <u>Senility</u></u> <u>4. OTHER SIGNIFICANT CONDITIONS: <u>Senility</u></u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>None</u>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Dudenville, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Feb 4, 1950</u> , to <u>Mar 26, 1950</u> , that I last saw the deceased alive on <u>Mar 6, 1950</u> , and that death occurred at <u>8:25 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>George H. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>3/27/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-29-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dudenville, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Dudenville, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>3-28-1950</u>		REGISTRAR'S SIGNATURE <u>L.B. Clinton</u>		25. ADDRESS <u>Carthage, Mo.</u>		26. (Issued Embalmers' Statement on Reverse Side)	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Per. H. Ferguson, M.D.

RECEIVED 4-3-50

Jasper County Health Office

County File Number 50-3-227

Date Filed 4-3-50

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_  
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.